

Exhibit No. 3

a Control number		OMB No. 1545-0008	
b Employer identification number 99-6001257	1 Wages, tips, other compensation 13906.05		2 Federal income tax withheld 828.07
c Employer's name, address, and ZIP code CITY AND COUNTY OF HONOLULU 530 S. King Street Honolulu, Hawaii 96813 9046-NIN	3 Social security wages 13906.05		4 Social security tax withheld 862.18
	5 Medicare wages and tips 13906.05		6 Medicare tax withheld 201.64
	7 Social security tips		8 Allocated tips
d Employee's social security number [REDACTED]	9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial RAYMOND E [REDACTED] HONOLULU HI 96837	11 Nonqualified plans		12a See instructions for box 12
	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
	14 Other		12c
			12d
f Employee's address and ZIP code			
15 State Employer's state I.D. No. HI	16 State wages, tips, etc. 10016001	17 State income tax 13906.05	18 Local wages, tips, etc. 634.70
			19 Local income tax
			20 Locality name

Department of the Treasury--Internal Revenue Service

Form **W-2** Wage and Tax Statement**2005**

Copy 2 - To Be Filled With Employee's State, City, or Local Income Tax Return

TEAR OR CUT HERE

a Control number		OMB No. 1545-0008	
b Employer identification number 99-6001257	1 Wages, tips, other compensation 13906.05		2 Federal income tax withheld 828.07
c Employer's name, address, and ZIP code CITY AND COUNTY OF HONOLULU 530 S. King Street Honolulu, Hawaii 96813 9046-NIN	3 Social security wages 13906.05		4 Social security tax withheld 862.18
	5 Medicare wages and tips 13906.05		6 Medicare tax withheld 201.64
	7 Social security tips		8 Allocated tips
d Employee's social security number 370-54-4947	9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial RAYMOND E [REDACTED] HONOLULU HI 96837	11 Nonqualified plans		12a See instructions for box 12
	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
	14 Other		12c
			12d
f Employee's address and ZIP code			
15 State Employer's state I.D. No. HI	16 State wages, tips, etc. 10016001	17 State income tax 13906.05	18 Local wages, tips, etc. 634.70
			19 Local income tax
			20 Locality name

Department of the Treasury--Internal Revenue Service

Form **W-2** Wage and Tax Statement

Copy B - To Be Filed With Employee's FEDERAL Tax Return